

# CLAIMS ONLY

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
	1									
2										
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47										
48										
49										
50										
TOTAL IND.	18									
TOTAL DEP.	15									
TOTAL CLAIMS	33									

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS